MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

10/511818

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		—				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
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41	1					
42		1				
43	1					
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	⇩		⇩		⇩	
TOTAL DEP.		⇦		⇦		⇦
TOTAL CLAIMS						

	☆		☆		☆	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53	1					
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61	1					
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92						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	9		⇩		⇩	
TOTAL DEP.		73		⇦		⇦
TOTAL CLAIMS	81					

☆ MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS